

CLAIMS ONLY

Application Number

"Filling" Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 10/11/86		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
2	/					
3		/				
4		/				
5		/				
6		/				
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36	/					
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38	/					
39	X	X				
40	/					
41	/					
42	/					
43	/					
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48	/					
49	/					
50	/					
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Indep						
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Depend.						
Total						
Claims						

May be used for additional claims or amendments						
	Indep.	Depend	Indep.	Depend.	Indep.	Depe
51	/					
52		/				
53		/				
54		/				
55		/				
56	X	X				
57		/				
58		/				
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95						
96						
97						
98						
99						
100						
Total						
Indep	4					
Total	54					
Depend						
Total	58					
Claims						